# ***Note to Presenter of Brief***

This brief is intended for training of:

Commanding Officers (Primary/Alternate)
FAOs

and

Incident Determination Committee Members

It can be used in accompaniment of an allegation and run through the  Decision Tree.

Use audience participation (does it meet criteria ?)

or  a mock IDC

# Family Advocacy Program

## *Incident Determination Committee and Clinical Case Staff Meeting*

# Purpose of Brief

- ☒ Transition From:
  - ✓ Case Review Committee (CRC)
- ☒ To:
  - ✓ Incident Determination Committee (IDC)
  - ✓ Clinical Case Staff Meeting (CCSM)
- ☒ Transition All Marine Corps Installations by 1 Oct 2010

# Support of Transition

- **CMC letter** dated 31 Mar 10, Transition to the Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM) for Marine Corps Installations. Letter provides guidance of IDC members criteria

- **OSD letter** dated 10 Mar 10, although DoD Manual 6400.01-M-V3 is still in draft, the DoD Family Advocacy Program fully support the USMC decision to implement CCSM/IDC. Research found an inter-rater reliability on incident status determination improved from 50% to 92% and military leaders indicated increased satisfaction regarding timeliness and recommendations.

# USMC Pilot Sites in 2008/2009

- Miramar
- Marine Corps Recruit Depot
- Parris Island
- Beaufort

# Installation Roll Out Dates

- **Installation — Transition Date**
- **Quantico — 24-28 May 10**
- **Henderson Hall — 7-11 Jun 10**
- **New River — 14-18 Jun 10**
- **Cherry Point — 28 Jun-2 Jul 10**
- **Albany — 19-23 Jul 10**
- **Hawaii — 2-6 Aug 10**
- **Camp Butler — 9-13 Aug 10**
- **Iwakuni — 16-20 Aug 10**
- **Barstow — 23-27 Aug 10**
- **Camp Lejeune — 30 Aug- 4 Sep 10**
- **Yuma — 13-17 Sep 10**
- **Twenty-Nine Palms — 20-24 Sep 10**
- **Camp Pendleton — 27 Sep-1 Oct 10**

# IDC versus CRC

- Split Clinical Functions of the CRC From the Administrative Functions
  - Clinical Case Staff Meeting (CCSM) will address clinical issues, including managing safety
- IDC Focus is on ‘What Happened’ in the Referral Incident
  - Determine Whether it Meets Criteria for Maltreatment

# What Doesn’t Change

- All cases of suspected domestic abuse and child abuse will be assessed
- Case dispositions will be made to determine if domestic abuse and child abuse occurred
- Prevention, intervention and victim safety will be provided and coordinated with Command

# IDC Members

- Deputy to Installation Commander (Chair)
- Installation SgtMaj
- Judge Advocate
- PMO /CID
- Family Advocacy Program Manager
- NCIS (non voting)
- Commander or Family Advocacy Officer (representing active duty Marine involved in the incident as alleged victim or offender)

# Why the Deputy to Installation Commander is Chairperson?

- Experience and leadership involvement increased inter-rater reliability of IDC Model to 92%.
- Influence of senior leadership necessary for objective process.
- Setting for IDC should reflect the structure of the Marine Corps.
- Installation ownership and need-to-know.
- Changes it to an administrative rather than clinical process.
- Level of attention consistent with Service view on family maltreatment.

# IDC Chairperson's Role

- Attendance and Voting - Chairperson
  - Sets the expectation that IDC members will attend each IDC, or send the trained alternate, as well as come to IDC prepared to discuss the cases on the agenda.
  - Ensures each IDC member (except NCIS) offers a vote. In rare cases where there is a potential conflict of interest, the chair may excuse a member from voting on a particular case.
  - Ensures all IDC members and alternates are trained.
  - Reminds IDC members of confidentiality of subject matter.
  - Has tie-breaking vote, when required (allowed two votes in these situations).
  - Ensures there is a quorum of 2/3 of the required core IDC membership in attendance.

# IDC Chairperson's Role

- Maintains a "poker face" and refrains from voting until other votes are cast.
- Make every effort to control attempts to sway/influence members toward a particular outcome.
- Ensure that IDC members participate in factual discussions regarding information from credible sources.

# Core Responsibilities of IDC Members

- Staff Judge Advocate - Legal consultant (e.g. definitions) and applying preponderance of evidence standard
- PMO & CID – Provides details of civilian and PMO reports
- NCIS - Provides information from NCIS cases (non voting)

# Core Responsibilities of IDC Members

**Installation SgtMaj-** Assists Chair in maintaining integrity of IDC process.

* Outstanding resource for IDC process.
* Provides enlisted personnel perspective and voice.

**FAP Manager-** Consultant and educator to IDC regarding family violence dynamics, human behavior, and the definitions.

* Provides relevant information about the incident and impact on victim(s).
* Coordinator of the IDC meeting for the Deputy to Installation Commander.

# Commanding Officer of (Primary/Alternate FAOs)

- For a Commanding Officer who is a convening authority, they must assign a Primary/Alternate Family Advocacy Officer (FAO) for the IDC, not lower than one rank below the Commanding Officer.
- Contributes pertinent/valuable information on the incident and the impact to the victim
- Primary representative is expected to attend IDC more than the alternate does.
  - COs or FAOs attend for each victim or offender in dual military cases

# IDC Benefits

- Supports Command
- Promotes efficiency and consistency
- Increases fairness to families with DoD standardized maltreatment definitions
- Incident focused for entry into data base
- Enhances positive relationships between FAP and Command

# IDC Procedures

- 2/3 of members must be present for meeting
- It’s important to have primary members present as often as possible

  (for familiarity and consistency)
- FAPM serves as IDC coordinator
- IDC meetings occur at least monthly

# IDC Order of Operations:

- Chair briefs on confidential nature and advises FAPM to introduce allegation/case
- Command provides input regarding the incident (act/ impact)
- PMO/CID/NCIS provides summary of report
- FAPM contributes any relevant information not presented by other parties
- Chair asks if there are any further questions
- Decision Tree is launched

** Note-- If there is a conflict of interest, the party must ask to be excused at the beginning of the case presentation.

# IDC Procedures

- IDC *ONLY* discusses information pertinent to the family violence incident (the “act”) and its impact on victim
- Makes incident status determinations within 30 days of referral
- Keeps information shared at the IDC confidential

# Format

- All require Act + Impact except:
  - Child Sexual
  - Spouse Sexual
  - Neglect due to Abandonment

# Acts

- “Including, but not limited to” language
  - Physical
    - ✓Scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hitting, using weapon
  - Sexual
    - ✓Sex acts (physically forced, coerced, nonconsensual)
  - Emotional
    - ✓Berating, interrogating, stalking, threatening

# Impacts

- Tailored to type of maltreatment alleged
- Harm:
  - For Physical/Neglect  Injury
  - For Emotional/Neglect  Psychological harm, somatic symptoms
- Reasonable potential for injury
- Fear

# Diverging Accounts

- When cases have completely diverging accounts of the act, credibility will be examined at the IDC. FAPM and FAO should be knowledgeable of any factors which can be taken into consideration when examining the credibility of both parties. This may include some aspects of history.
- Examples: The offender has a history of black-outs or disassociation, the individual has been involved in two previous incidents involving domestic violence, or two drunk and disorderly/aggravated assault incidents. Did a child witness and given an account of the incident? Were there other witnesses (neighbors).

# Exclusions

- (Spouse/Partner only) Protection of self from imminent harm, when there have been threats and history of battering
  - Threat (verbal or nonverbal) to imminently inflict serious injury
  - At least one previous incident of infliction of serious injury

** Note:  It only takes one member of the IDC to request a review of an exclusion.

# Exclusions

- Protection of spouse/child (e.g., grabbing child running into street)
- Play
- Neglect: First time exclusion (“lack of supervision”/”exposure to physical hazards” only)

** Note:  It only takes one member of the IDC to request a review of an exclusion.

# Medical and Child Protective Services

- Cases which involve medical services and/or Child Protective Service's may provide information to IDC in one of three ways.
  - The individual who provided care/assessment may attend the IDC for limited purpose
  - The attending/assessing individual may provide a written statement to be read at IDC
  - The FAP case manager may obtain a verbal summary from either party, put it in writing and FAPM will read it at the IDC.

# Training Needed

- With the change in the model, a higher level of training is needed for the IDC members and the FAOs.
- Training on dynamics of domestic violence, specifically on recantation and why that cannot be looked at as the determining factor as to whether abuse occurred or not.
- The cycle of violence and why victims remain in relationships.

# Clinical Case Staff Meeting

- Focus is on prevention and treatment services
- FAP function in CCSM:
  - Treatment, ongoing case management, and information sharing
  - Communication takes place (email/phone) with Unit CO, or Primary/Alternate. Appropriate information about safety concerns is shared and immediate recommendations can be shared. FAP now serves in the role of a consultant.
  - Recommendations from CCSM staffing are sent to Commanding Officer via encrypted email for endorsement/non-endorsement FOLLOWING IDC *---if the criteria was met. If criteria was not met, this case can be opened as a voluntary general counseling case.*
  - The CCSM now increases the level of privacy for personal information. It is on “an official need to know” basis.

# CCSM Membership

- **Core Members:**
  - FAPM or Clinical Supervisor (Chair)
  - FAP Clinical Case Managers
- **On Case Specific Basis:**
  - New Parent Support
  - Victim Advocate
  - Mental Health
  - SACC
  - CPS
  - Medical

** **Note:** Case Mgr may contact these parties by phone for feedback /insight related to assessment needs of family. The parties need not attend in person as scheduling can be challenging. Case Mgrs normally have working relations with CPS, NPSP, VA and SACC, and AFCCP.

# Clinical Case Staff Meeting (CCSM) Benefits

- Allows FAP to focus *solely* on clinical and service provision issues:
  - Prevention
  - Intervention and Education
  - Victim Safety
  - Coordinated Community Response (CCR)
  - Serving as the clinical subject matter expert for Command

# Case Example Decision Tree

Please turn to your IDC presentation for case example of Decision Tree

# IDC/CCSM Separates Clinical from Administrative and Increases:

Consistency, Reliability, Safety

&

Provision of Services

to

Marines and Families

# QUESTIONS
# and
# ANSWERS

# ***Note To Presenter of Brief***

The following slides contain a brief history of Central Registery Board and CRC

The slides also contain the reasons for this change and the research backing up the evidence based model and restructuring of the CRC.

From past experience with the trainings, Commanders would rather you get to the point than to spend too much time leading up to it.

# Central Registry Board Background

Child Advocacy Committee (CAC) 1975

- 1981 Spouse abuse was added;  Case Review Committee (CRC)
- Central Registry has existed since 1982
  - Mandated by DoD
- <u>DoD Mandates</u>:
  - **DoDI 6400.06 (Aug 21, 2007)** Domestic Abuse Involving DoD Military and Certain Affiliated Personnel
  - **DoD Manual 6400.1-M-3 (DRAFT)** Manual for Family Advocacy Program Clinical Case Staff Meeting and Incident Determination Committee
  - **CMC letter** dated 31 Mar 10, Transition to the Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM) for Marine Corps Installations

# CRC's Original Purpose

- The original purpose of the CRC was to determine if family maltreatment had occurred and obtain data (either substantiated or unsubstantiated.)
- Following a CRC determination, this data was entered into the Central Registry and used to answer congressional inquires in regards to family violence (DD2486.)
- FAP Staff can access to determine client's prior FAP involvement and pre employment background check.

# 2006 IG STUDY RATIONAL FOR CHANGE

- 2006 Navy IG Study identified the need:
  - For consistency in case decisions. Data compared across time from installations and/or Military Services is often unreliable
  - To decrease confusion about CRC function & authority
  - To increase command trust & involvement in decisions

# 2006 IG STUDY CONT.

- 2006 Navy IG Study noted:
  - A lack of consensus of what constitutes maltreatment
  - A Command perception that there were biases from clinical staff /CRC members during the CRC process, which led to inconsistencies in case decisions. Study also noted a need for Command to be more involved in determination and accountability processes.

# The Need for a New Process

- Inconsistency undermines credibility and fairness of process
- Data is worthless if decisions are not made consistently throughout system
- Data should reflect abuse increases or decreases and not new membership, leadership, or procedures

# Evidence-based Process

- Stony Brook University was contracted to evaluate DoD maltreatment definitions
  - Input from civilian and military experts on spouse and child maltreatment, as well as definitions used by all 50 States were reviewed
- As a result:
  - New maltreatment definitions were developed which increased consistency in  case decisions
  - A “Decision Tree” was developed to guide the IDC committee

# Evidence-based Process

- 2003 a four year study was launched in which the consistency/reliability of Case Review Committee determinations was measured at 50%
- After implementing the new maltreatment definitions the reliability rose to 75%
- After changes to the composition of the review committee and implementation of the decision tree, reliability rose to 92%